| | | 1285.88 |
|--------------------------------|---|--------------------|
| T; | SUPERIOR COURT OF CALIFORNIA, COUNTY OF | FOR COURT USE ONLY |
| Γ | STREET ADDRESS: | |
| | MAILING ADDRESS: | |
| | CITY AND ZIP CODE: | |
| | BRANCH NAME: | |
| | PETITIONER/PLAINTIFF: | |
| | | |
| | RESPONDENT/DEFENDANT: | |
| | | |
| | NOTICE OF REGISTRATION OF OUT-OF-STATE | CASE NUMBER: |
| | Support Order Income Withholding Order | |
| 1. | To (name): | |
| 2. | 2. You are notified that an Unt-of-State Support Order Unt-of-State Order for Income Withholding has been registered with this court. A copy of the order and the Registration Statement are attached. | |
| 3. | The amount of arrears is specified in item 1 on the attached Registration Statement. | |
| 4. | The registered order is enforceable in the same manner as a support order made by a California court as of the date the Registration Statement is filed. | |
| 5. | If you want to contest the validity or enforcement of the registered order, you must request a hearing within 25 days of the date that this notice was mailed to you (see below for clerk's date of mailing). You can request a hearing by completing and filing a Request for Hearing Regarding Registration of Support Order (form 1285.90). | |
| 6. | If you fail to contest the validity or enforcement of the attached order within 25 days of the date this notice was mailed, the order will be confirmed by the court and you will not be able to contest any portion of the order including the amount of arrears as specified in item 1 of the Registration Statement. | |
| CLERK'S CERTIFICATE OF MAILING | | |
| 1. | . I certify that I am not a party to this cause and that a copy of the registration statement with a copy of the out-of-state order were sent to the person named in item 1 by first-class mail. The copies were enclosed in an envelope with postage fully prepaid. The envelope was addressed to the person named in item 1 only at the address in the registration statement, sealed, and deposited with the United States Postal Service at (place): on (date): | |
| 2. | Copy sent to district attorney on (date): | |
| Da | ate: Clerk, by | , Deputy |
| | | |